

CALIFORNIA ACUPUNCTURE BOARD

444 N. 3rd Street, Suite 260, Sacramento, CA 95814-0226

Phone: (916) 445-3021 / Fax: (916) 445-3015

E-mail: acupuncture@dca.ca.gov Web: www.acupuncture.ca.gov

State of California
Department of Consumer Affairs
Arnold Schwarzenegger, Governor



Application for Tutorial Supervisor

Tutorial Program

[Please print or type]

Name _____ License No. _____

Last First Middle Initial

Address _____

Telephone () _____; Fax No. () _____; E-mail _____

Name of Clinic (where training will be provided): _____

Address of clinic: _____

Proposed Trainee's Name _____

Last

First

Proposed Starting Date of Tutorial Program _____ Ending Date _____

[Please note that the starting date must be at least 30 days from the date the application was mailed to the Acupuncture Board.]

Do you have ten (10) years of licensed acupuncture experience? ☐ No ☐ Yes

If yes, please provide the dates of experience - From _____ To _____

Resume: Attach either (a) Resume, or (b) a summary of professional training, education, and experience in acupuncture, including specific dates for each item given.

Disciplinary Action: Has any disciplinary action ever been taken against any license you now hold or that you have ever held? ☐ No ☐ Yes - If yes, attach an explanation, on a separate sheet, of the type of license(s) involved and details on the disciplinary action taken against your license(s). Include information on any license that has been revoked, suspended or denied for any reason. Include dates of action, suspension or denial.

Convictions: Have you, in the past five (5) years, been convicted of, pled guilty, or no contest to a crime other than a minor traffic violation? ☐ No ☐ Yes - If yes, complete the following:

Violation and Location	Date of Violation	Penalty and/or Disposition

Tutorial Supervisor's Application, continued...

Clinic Information:**Answer:**

a. What is the usable square footage of the proposed tutorial site?	
b. Number of textbooks on proposed tutorial site?	
c. Number of patients seen weekly at proposed tutorial site?	
d. Number of herb samples on proposed tutorial site?	
e. Are you currently covered by malpractice insurance?	

Written Agreement: Enclose a 'Written Agreement' that contains the following information:

1. Training Plan;
2. Training Schedule (per week);
3. Method for providing the theoretic and didactic training; and
4. Guidelines for the supervision of acupuncture services rendered by the trainee (Section 1399.425(h)).

Supervising Guidelines: Enclose a copy of the guidelines you propose for supervising the acupuncture services to be rendered by the trainee. See Section 1399.425(g) and 1399.426(a-i) for more information pertaining to these guidelines.

Please initial each item below to certify that you have read and understand the 'Laws and Regulations Relating to the Practice of Acupuncture', including the following sections.

_____	Section 1399.426	Supervising Acupuncturist's Responsibilities
_____	Section 1399.428	Termination or Modification of Tutorial
_____	Section 1399.430	Denial, Suspension or Revocation of Registration as a supervisor

	(Non-Refundable)		(if over 30 days late)
<u>Tutorial Fees:</u>	<u>Application Fee</u>	<u>Annual Renewal</u>	<u>Delinquent Fee</u>
Supervisor	\$200	\$50	\$25
Trainee	\$ 25	\$10	\$ 5

I CERTIFY UNDER PENALTY OF PERJURY, that the information contained in this application and any attachment is true and correct. I have read and understand the 'Laws and Regulations Relating to the Practice of Acupuncture' specifically the sections pertaining to acupuncture tutorials, acupuncture supervisors, and acupuncture trainees and their mutual legal, professional, and ethical responsibilities.

Signature of Acupuncture Supervisor

Date Signed